Under the Paperwor	k Reduction Act	of 1995,	no persons are re	quired to respon	O MO 8 COMPOSION OF	racemank On Information unle	108; U.S. (155 il displ	DEPARTMENT C BEST BY VALID OMB	OR COMMERCE
PATI	ENT APPLI	CAHC	ON FEE DET titute for Form F	ERMINATIO	ON RECORD		Applica	16on or Docket N	imber 194
i	D PART I	ART I (Column 2) SMALL ENTITY			OR		R THAN ENTITY		
FOR E	NUME	BER FILE	MUM C	BER EXTRA	RATE	FEE]	RATE	FEE
BASIC FEE (37 CFR 1.16(a))						\$385.°	OR	1333	\$770.0
TOTAL CLAIMS (37 CFR 1.16(c))		minus :	20 = '		x \$9.0 =		OR	x s/8.0=	1
INDEPENDENT CLAIM: (37 CFR 1.16(b))	s	minus	3 = .		x \$ 13.0=		OR	× \$86.0=	 -
MULTIPLE DEPENDEN	T CLAIM PRESE	NT	(37 CFR 1.16(d))		+5/462		OR	+50296.=	
* If the difference in col	umn 1 is less th	an zero, e	enter "O" in column	n 2.	TOTAL		OR	TOTAL	
, , CL/	NAS AS AM	ENDEC) – PART II						I—————————————————————————————————————
12/14/4	(Column 1)		(Column 2)	(Column 3)	SMALL	ENTITY	OR	OTHER SMALL	R THAN ENTITY
A T	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL	•	RATE	ADDI- TIONAL
Total Officer (37 CFR 1.16(b)) Independent (37 CFR 1.16(b))	1	Minus	PAID FOR	=	x s 9 =	FEE	OR	× s/8 =	FEE/
Z Independent (37 CFR 1.16(b))	j	Minus	3	=	x s 43 =		OR	× 5.86 =	
FIRST PRESENTAT	ION OF MULTIPLE	E DEPEND	PENTOLAIM (37 C	FR 1/16(d))	+s/45=		OR	+s290=	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	1
	(Column 1)		(Column 2)	(Column 3)		,			
Φ L Z	CLAIMS REMAINING AFTER MENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TЮNAL FEE
Total		Minus	**	=	x: s 9=		OR	x s/8 =	
Z Independent (37 CFR 1.16(b))		Minus	***	Ε	x \$ <u>43</u> =		OR	x \$ 86 =	
FIRST PRESENTATI	ON OF MULTIPLE	DEPENDE	ENT CLAIM (37 CF	R 1.16(d))	+145=		OR	+ \$290=	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
	Column 1)		(Çolumn 2)	(Column 3)				_	
O F	CLAIMS REMAINING AFTER MENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
Total '		Minus	••	=	x s 9 =		OR	× s /8 =	FEE
Z Independent (37 OFR 1,16(b))		Minus	•••	=	× s 43=		OR	× \$ 810 =	
FIRST PRESENTATION	ON OF MULTIPLE	DEPENDE	NT CLAIM (37 CFI	R 1.16(d))	+5145=		OR	+ :290=	
t If the enter in order	n 1 in lass the	4ha4-	ia		TOTAL ADD'L FEE		OR .	TOTAL ADD'L FEE	•
 If the entry in column If the "Highest Number The "Highest Number The "Highest Number Nu	tier Previously F ver Previously P	aid For" aid For"	IN THIS SPACE I	s less than 20, e	nter "20". er "3"		.		

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USP10 to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete; including gathering, preparing, and submitting the completed application form to the USP10. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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